contents is usual after the anterior as after the posterior gastroenterostomy. It is evidently not dangerous, but rather an advantage. The gastric mucosa in ulcers and stenosis is considerably changed for some distance from the stenosed place.

THERAPEUTICS.

UNDER THE CHARGE OF

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The Treatment of Pseudoleukemic Glandular Disease with Arsacetin.—NAEGELI (*Therap. Monatsh.*, 1910, xxiv, 57) relates his results with arsacetin in the treatment of three cases of apparently typical pseudoleukemic glandular disease. He gave the remedy in doses of 0.05 gram three times a day. One very remarkable case had suffered from an irregular fever for a period of seven months, and had resisted all previous methods of treatment. After the internal use of arsacetin for two days the fever disappeared. During the following two months the patient gained thirty-one pounds in weight and he was apparently cured.

The Ambulant Treatment of Epilepsy with Sabromin.—FROEHLICH (*Therapie der Gegenwart*, 1910, li, 70) warmly recommends sabromin for the treatment of epilepsy. Sabromin, although it contains only one-fourth the amount of bromine contained by other bromides has an effect equal to that obtained by the other bromides. His average daily dose of sabromin was from 3 to 4 grams, given in either powder or tablet form. His patient, seemed to prefer the tablets which have no unpleasant taste. Froehlich observed no bromine acne from the long-continued use of sabromin, and speaks especially of the lack of any mental depression. He gives the details of fourteen cases, some of them under treatment for a period of ten months.

Veronal Natrium in Sea-sickness.—GALLER (*Therapie der Gegenwart*, 1910, li, 94) advises the use of veronal natrium for the treatment of sea-sickness. Galler has had good results by the use of veronal for this same condition, but veronal has the disadvantage of not being very soluble in water. Veronal natrium on the other hand, is soluble in five parts of water, and thus may be given in a concentrated solution which is rapidly absorbed and consequently more active. He gives one-half gram of veronal natrium dissolved in a small amount of water twice in twenty-four hours. If the patient is able to retain it for about ten minutes, which is with few exceptions the rule, there will be a relief from vomiting and nausea, lasting from ten to twelve hours. In mild cases, a single dose of a half gram at bedtime is usually sufficient.

Circulatory Failure in Acute Infections of Children: Causes and Treatment.—Howland (*Boston Med. and Surg. Jour.*, 1910, clxii, 627) says that critical clinical observations and animal experimentation are in accord in referring the cause of circulatory disturbance in acute infections to a failure and final collapse of the vasomotor centre. There is also almost complete agreement obtained by animal experiments and by modern methods of determining the human circulatory capacity as to the drugs and methods most useful in this circulatory disturbance. He says that from the knowledge at present available, it seems that the continuous use of cold air, the use of caffein and camphor, reinforced by digitalis with infusions of salt solution and the careful administration, not too often repeated, of adrenalin, are our best methods to combat this dangerous condition.

The Treatment of Acute Dysentery by Intestinal Irrigation with a Five Per Cent. Solution of Silver Nitrate.—Hewes (*Boston Med. and Surg. Journ.*, 1910, clxii, 530) advocates the use of stronger solutions of silver nitrate in the treatment of acute dysentery than those ordinarily recommended. He used injections of a 5 per cent. solution of silver nitrate for the treatment of 10 cases. The treatment was instituted at an early stage, from the second to the fourth day of the diseases as so judged by the appearance of symptoms. The average duration of these 10 cases was ten days and the maximum duration, seen in 1 case, was fourteen days. Hewes gives the details of the treatment as follows: The patient when first seen was given a dose of magnesium sulphate. As soon as this drug had acted, irrigation by silver nitrate was given. The rectal tube was inserted from 8 to 12 inches and a pint or more, according to the capacity of the patient to hold the solution, of 5 per cent. silver nitrate, was injected. The injection was retained by the patient as long as possible, up to a half hour. Defecation was then allowed. Rectal injections of salt solution were given regularly after each movement during the course of the treatment. A second injection of silver nitrate was, as a rule, given after a period of two days. In some cases one injection only was used. A diet selected with the idea of reducing the amount of fecal food residue was given. The daily content of this diet was as follows: Lean meat, 300 gm.; three slices of toast with maple syrup; albumin water consisting of the white of 8 eggs in water. This was continued for five days. The diet was then increased by the addition of more toast, butter, tapioca, potato juice, and macaroni.

Digistrophan, a New Cardiac Tonic.—Boelke (*Therapie d. Gegenwart*, 1910, vi, 153) has used digistrophan in the treatment of 85 patients with circulatory disturbances as a heart stimulant and speaks very highly of its good effects. Digistrophan is a combination of digitalis leaves and strophanthus seeds, and may be obtained in tablet form, each tablet containing 0.1 gr. digitalis leaves and 0.05 gr. strophanthus seeds. Boelke says that this new remedy has no cumulative action and has no irritant action upon the gastro-intestinal tract or the kidneys. Furthermore, digistrophan is stabile and its tonic action consequently is constant. Digistrophan has a marked diuretic action, but in order to increase this diuretic action, tablets may be obtained containing digistrophan in combination with sodium acetate or with caffein-sodium acetate.

The Treatment of Chronic Constipation and Acute Intestinal Paresis with Peristaltic Hormone. ZUELZER (*Med. Klinik.*, 1910, vi, 422) calls attention to a previous paper in which he described a hormone formed by the cells of the gastric mucous membrane that has a specific regulating action upon intestinal peristalsis. This hormone, he believes, occurs in all the organs of the body, but is especially abundant in the spleen. From the spleen it is now prepared commercially under the name of peristaltic hormone. Zuelzer tried this remedy in 21 cases of chronic constipation with a permanent curative result in 15, after a single intramuscular injection. On the other hand there was no effect in the remaining 6 cases. Zuelzer thinks that this remedy has a direct stimulating action upon the intestinal musculature and thus may be of great value in cases of acute paralysis of the intestine. The injections are harmless, although they cause a slight febrile reaction and slight local tenderness.

Peristaltic Hormone.—SAAR (*Med. Klinik.*, 1910, vi, 424) reports three cases of chronic constipation treated by a single intramuscular injection of from 15 to 20 c. c. of peristaltic hormone (Zuelzer). These three patients for a considerable time afterward had no return of their trouble. This treatment, however, was not uniformly successful. Saar thinks it advisable to give the injection early in the morning in order that the febrile reaction that usually ensues may subside.

The Treatment of Chronic Constipation with Agar-agar.—MARTINET (*Presse md.*, 1910, xxvi, 226) recommends the use of agar-agar for the treatment of chronic constipation. Agar-agar absorbs sixteen times its weight in water and promotes peristalsis by distending the intestine. Thus it is valuable in that type of chronic consipation due to too little residue from the food. He gives the agar-agar in doses of from 5 to 15 grains taken at breakfast in some sweet, such as fruit jelly or marmalade. It may also be given in a thick soup. Martinet prefers to give it in combination with food, although it may also be given in compressed wafers. In order to enhance the peristaltic action, Martinet at times combines small doses of cascara with the agar-agar.

Sarton, a New Food for Diabetics.—VON NOORDEN and LAMPE (*Therapie d. Gegenwart*, 1910, li, 145) acting upon the theory that protein of vegetable origin is tolerated by diabetics better than protein of animal origin, have experimented with the Soya bean. The Soya bean contains from 30 to 35 per cent of protein and only 6 per cent. of starch and fermentable carbohydrates. The Soya bean forms one of the staple articles of diet, especially among the poorer classes of Japanese. When prepared as a simple vegetable or salad the Soya bean is very unpalatable and leaves an unpleasant taste that persists for a long time after taking it. Von Noorden found that the Soya bean thus prepared had no favorable influence upon the sugar excretion in diabetics. Finally a method was obtained to render the Soya bean palatable and at the same time remove the starch and fermentable carbohydrates. This method was perfected commercially and the manufactured product may now be obtained under the name of sarton. It is best given in the form of soups, in which it may be combined with butter and meat broths. Soup, thus prepared, is very palatable and is a vaulable adjuvant to the diabetic diet. Sarton may be used as flour is used in ordinary diets to thicken gravies and sauces for diabetics. Furthermore, the authors believe that Sarton is not only of value as a diabetic food, but also may be given to supply protein in cases of gout or kidney disease in which protein of vegetable origin is tolerated better than protein of animal origin. Sarton has the further advantage that it increases intestinal peristalsis without the formation of gas that other leguminous foods produce.

The Treatment of Chronic Intestinal Catarrh with Injections of Hot Gelatin.—VON ALDOR (*Therap. Monatshefte,* 1910, xxiv, 171) reports excellent results with hot gelatin injections in the treatment of chronic catarrh of the large intestine associated with diarrhœa. He injects from 40 to 80 c.c. of a 10 per cent. solution of gelatin at a temperature of from 113° to 125° F. This solution is slowly injected through a tube, inserted into the rectum for at least five inches, because of the extreme sensitiveness of the sphincter muscle to heat. The injections are preferably given with the patient lying on the left side. After the injection the patient should lie still for two hours with heat applied to the abdomen. Von Aldor reports 7 cases treated by this method, with a complete cure in every case. He calls attention to the value of gelatin in the dietary of patients with a chronic intestinal catarrh, as recommended by Senator and Herter. Weil, Lumière, and Péhn have found that gelatin by the mouth is most efficacious in the treatment of the diarrhœa of infants, but so far as von Aldor knows, he is the first to recommend the use of gelatin by the rectum for the treatment of chronic intestinal catarrh.

Hypertension and the Value of the Various Methods for its Reduction.—MILLER (*Jour. Amer. Med. Assoc.,* 1910, liv, 1666) relates his observations as to the value of various procedures for reducing abnormally high blood-pressure. He states that since some samples of nitroglycerin and sodium nitrite are inert, the activity of the preparation employed was first determined by animal experimentation. Miller's conclusions are as follows: (1) In moderate doses active preparations of nitroglycerin and sodium nitrite temporarily reduce the blood-pressure in the majority of cases of hypertension. (2) Erythrol tetranitrate causes a more prolonged reduction in blood-pressure than nitroglycerin or sodium nitrite, but so frequently causes severe headache that its clinical value is much impaired. (3) Headache after any vasodilator does not mean that we are getting the physiological effect in the sense that the blood-pressure is reduced, as the headache may appear independently of any change in pressure. A patient's blood-pressure may be decidedly affected by one of these vasodilators and uninfluenced by another. (4) Occasionally the blood-pressure of patients with marked hypertension may show very marked fluctuations without apparent cause. (5) A single sweat reduces hypertension less than a moderate dose of vasodilators. If sweats are given daily, a rather marked reduction of pressure lasting throughout the day, is observed not infrequently. When the sweats are discontinued the blood-pressure soon returns to its previous level.